

Tennessee Department of Children's Services  
**HEALTH SCREENING FOR YOUTH IN RESIDENTIAL TREATMENT FACILITIES**

Youth's Name: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_ Date: \_\_\_\_\_

**Inquire Into:**

1. Are you currently being treated for an illness or health problem (including dental, venereal disease, or other infectious diseases)? ☐ Yes ☐ No *If yes, describe:* \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any medical or dental complaints at this time? ☐ Yes ☐ No *If yes, describe :* \_\_\_\_\_  
\_\_\_\_\_
3. Are you currently taking any medication(s)? ☐ Yes ☐ No *If yes, was the medication transferred with you?*  
☐ Yes ☐ No
4. Have you recently used alcohol or other drugs? ☐ Yes ☐ No *If yes, describe: (include type, mode, amount, frequency, date last used, problems resulting from discontinuance, detoxification involvement)*  
\_\_\_\_\_
5. Have you recently or in the past received treatment or been hospitalized for any mental disturbance(s) or suicidal behavior? ☐ Yes ☐ No *If yes, describe* \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any allergies? ☐ Yes ☐ No *If yes, describe:* \_\_\_\_\_

**Observe:**

1. Behavior (including state of consciousness, mental status, appearance, conduct, tremor and sweating):  
☐ Normal ☐ Abnormal *If abnormal describe:* \_\_\_\_\_
2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes and infestations): ☐ Yes ☐ No *If yes, describe:* \_\_\_\_\_  
\_\_\_\_\_

**Disposition:**

1. ☐ Housed with general population and instructed how to be placed on sick call (medical and/or dental care)
2. ☐ Housed with general population and prompt referral appointment with health provider
3. ☐ Referred to appropriate health provider on an emergency basis

\_\_\_\_\_  
Signature and Title of Screening Staff

I have received a copy of the procedure for obtaining health care (medical, dental and/or mental health). It has been explained to me and I understand how to access treatment.

\_\_\_\_\_  
Signature of Youth